

NEIGHBORHOOD BLOCK PARTY TEMPORARY STREET CLOSING APPLICATION



District of Columbia Emergency Management Agency
2000 14th Street NW, Suite 808
Washington, DC 20009

Telephone (202) 727-3159 • Fax (202) 673-2290 • Website: www.dcema.dc.gov

**Application must be filed within fifteen (15) business days of the event. Only original applications and petitions are accepted.
 Please print clearly in black or blue ink.**

APPLICANT INFORMATION

Name			
Street Address			
City	State	Zip Code	
Daytime Telephone Number	Evening/Cellular Number	Fax Number	Email Address
Company/Organization Name (if applicable)			
Company Address/City/Zip Code		Company Telephone Number	

BLOCK PARTY INFORMATION

Street Closure Date / /	Day of Week	Rain Date / /	Official Use Only	Event Start Time	Event End Time
Street Closure Start Time (include set-up)		Street Closure End Time (include clean-up)		<i>Note: Street closure must end no later than 10:00 p.m.</i>	
Street to be closed:					Bus Route? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>(Closure must not exceed two intersecting streets.)</i>					
Between: _____ and _____					
Description of Event:					
Will food be served? (no sales allowed) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:					
Will beverages be served? (no sales allowed) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:					
<i>Note: The Neighborhood Block Party Temporary Street Closing Permit does not authorize any serving or consumption of alcohol.</i>					
Will there be amplified sound? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:					
Identify the Metropolitan Police Department District of the location of the block party:					

OFFICIAL USE ONLY

SUBMITTED BY (Emergency Management Agency Personnel Only):				DATE:
Department	Approved	Disapproved	Date	Comment
Metropolitan Police Department				
Department of Fire and EMS				
Department of Transportation				
Department of Consumer and Regulatory Affairs				
Washington Metropolitan Area Transit Authority				

Street to be closed:	Closure Start Time <i>(include set-up)</i>	Closure End Time <i>(include clean-up)</i> <i>(NLT 10:00 p.m.)</i>
Between: _____ <i>(Closure must not exceed two intersecting streets.)</i>		Date: _____

- Applicant affirms that he/she is twenty-one (21) years of age or older and that he/she meets the residency requirement associated with the regulations governing this application.
- Applicant acknowledges that the Neighborhood Block Party Temporary Street Closing Permit does not authorize the serving or consumption of alcohol, nor the solicitation or acceptance of any fees, collections or donations.
- Applicant agrees to comply with all rules, regulations, codes, and laws including, but not limited to, public safety, law enforcement, public health, and noise ordinance requirements applicable to and associated with the permit. Applicant further agrees to be bound by any special conditions, restrictions and regulations as may be lawfully imposed by the District of Columbia.
- Applicant agrees to hold harmless the District of Columbia, its officers, boards, commissions, employees and agents, from any liability, suits, actions, damages or claims to which the District may be subjected of any kind or nature whatsoever resulting from, caused by, arising out of or as a consequence of such temporary street closure and the activities permitted in connection therewith. The District of Columbia may require, as a condition of issuance of a permit, that the applicant obtain insurance to serve this end, in such an amount and with such terms as the District of Columbia determines to be appropriate under the circumstances. This shall be a continuing release and shall remain in effect until revoked in writing.
- Applicant attests that the information contained in this application is true and correct. I understand that this is only an application and not a guarantee that a permit will be issued. If a permit is issued, I agree that: (1) if any of the information contained in the application is found to be false; or (2) should my conduct, or the conduct of any participants or guests, not be as described in the application; or (3) should any applicable District of Columbia or Federal rules, regulations, codes, laws or ordinances be violated, any permit(s) issued shall automatically become null and void and any activity associated with the permit(s) will immediately cease.

Signature of Applicant

Printed Name

Date

The undersigned sponsor(s), being twenty-one (21) years of age or older and meeting the residency requirement associated with the regulations governing this application, declares that he/she wishes to be permitted to perform the operation, service or act stated herein and that the information contained herein is true and correct to the best of his/her knowledge and belief, will comply with all provisions of the District of Columbia and Federal rules, regulations, codes, laws and ordinances relative to the operation, service or act for which the permit is requested, and agrees to hold harmless the District of Columbia, its officers, boards, commissions, employees and agents, from any liability, suits, actions, damages or claims to which the District may be subjected of any kind or nature whatsoever resulting from, caused by, arising out of or as a consequence of such temporary street closure and the activities permitted in connection therewith. In addition, the undersigned sponsor(s), agrees to comply with all applicable rules, regulations, codes, laws and ordinances, and to be bound by any special conditions, restrictions and regulations as may be lawfully imposed by the District of Columbia.

EVENT SPONSORS

Printed Name:	Signature:
Street Address:	City/State/Zip Code:
Daytime Telephone Number:	Evening/Cellular Number:

Printed Name:	Signature:
Street Address:	City/State/Zip Code:
Daytime Telephone Number:	Evening/Cellular Number:

Printed Name:	Signature:
Street Address:	City/State/Zip Code:
Daytime Telephone Number:	Evening/Cellular Number: